

Case Number:	CM14-0202336		
Date Assigned:	12/12/2014	Date of Injury:	09/06/2006
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male with chronic neck pain status post cervical spine fusion in October 2012. The date of injury was 9/6/2006. The mechanism of injury was not reported. Pain radiates down to the chest and right arm. A nuclear medicine bone scan with SPECT CT dated 1/21/2014 revealed anterior and posterior fusions from C3 down to T2. There was minimal grade 1 anterolisthesis of C2 on C3. No activity was noted in that area. There was mild increased activity seen from C3-C5. The findings were likely due to postoperative change. There was significant increased activity seen at C7, T1 and T2 vertebral bodies and disc spaces. In addition there was increased activity seen in the posterior elements on the left side at C7. There was also increased activity in the posterior elements of T1 and T3. This was best seen at the costovertebral junctions. Under cause of this increased activity was not known. Per pain management exam of June 9, 2014 he was complaining of pain in the neck, left side muscle spasms, lower back, right arm, right wrist, and right foot. He was taking morphine, Norco, and Soma. The diagnosis included post laminectomy syndrome of lumbar region, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intravertebral disc, neuralgia, neuritis and radiculitis, unspecified, myalgia and myositis, postlaminectomy syndrome of cervical region, cervical spondylosis without myelopathy, cervical radiculitis/root compression, depression, spinal stenosis of unspecified region, pain in joint involving the lower leg, opioid type dependence, lumbar facet syndrome, nerve root compression, lumbar, effusion of lower leg joint. The prognosis was considered poor. Per orthopedic evaluation of July 3, 2014 the injured worker was not psychologically fit to undergo a spinal cord stimulator trial. He displayed levels of pain sensitivity, somatoform preoccupation, depression, and anxiety of sufficient proportions to place him at risk of displaying an extremely negative psychological reaction to any invasive medical procedure. It was recommended that psychological suitability

for surgery be reevaluated after a course of conservative psychological and psychiatric treatment. The documentation indicates that this was completed and a spinal cord stimulator was recommended. Per operative report of 10/27/2014 a successful trial of percutaneous spinal cord stimulator with excellent pain relief was documented. The injured worker underwent removal of percutaneous spinal cord stimulator leads on that day. A request for a spinal cord stimulator was noncertified by utilization review as there was limited evidence in favor of spinal cord stimulators for failed back surgery syndrome. Moreover, there was no documentation of the percentage and duration of symptom reduction from the spinal cord stimulator trial. There was no documentation of associated reduction in medication intake, improvement of objective deficits, or progressive functional activity tolerance during the spinal cord stimulator trial period. Without clear objective documentation of significant improvement during the spinal cord stimulator trial, medical necessity of permanent implantation of the device was not supported. The decision is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Permanent spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105, 106, and 107.

Decision rationale: Chronic pain medical treatment guidelines indicate the necessity for stimulator implantation in failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neuro-stimulation is generally considered to be ineffective in treating nociceptive pain. A trial of the spinal cord stimulator was reported to result in excellent pain relief. The utilization review noncertification was based upon the absence of documentation pertaining to the degree of relief reported and the duration of the relief. Based upon a review of the medical records, it is apparent that excellent relief was reported for the duration of the trial. Although chronic pain guidelines indicate that there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome, the guidelines also cite a UK study which concluded that spinal cord stimulator is recommended in failed back surgery syndrome. Based upon the above, particularly on the basis of a successful trial with reported excellent pain relief, the request as stated for a permanent spinal cord stimulator is supported by guidelines and as such, the medical necessity of the request is substantiated.